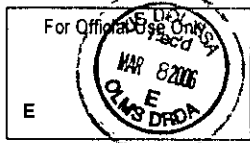


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 07074	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name Lawrence Correa  P.O. Box, Bldg., Room No., if any  Street 2251 North School Street  City Honolulu  State Hawaii ZIP Code + 4 96819	4. Name, file number, and address of labor organization.  Name Bricklayers Union, Local No. 1  Labor Organization File Number 025-992  P.O. Box, Building and Room Number, if any  Street 2251 North School Street  City Honolulu  State Hawaii ZIP Code + 4 96819
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Lawrence J. Correa</u>	On <u>2/29/06</u>	(808) 841-0491
	Date	Telephone Number

Name of Person Filing <b>Lawrence Correa</b>	File Number U- <b>07074</b>
--	-----------------------------

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Hawaii Masons &amp; Plasterers Training Trust Fu</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2251 North School Street</b></p> <p>City <b>Honolulu</b></p> <p>State <b>Hawaii</b> ZIP Code + 4 <b>95819</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Hawaii Masons &amp; Plasterers Training Trust Fu</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2251 North School Street</b></p> <p>City <b>Honolulu</b></p> <p>State <b>Hawaii</b> ZIP Code + 4 <b>95819</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan</b> <b>See Attachment 1 of 7</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$3,194</b></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>



Name of Person Filing **Lawrence Correa**

File Number U- 07074

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name <u>Hawaii Masons &amp; Plasterers Annuity Trust Fun</u>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <u>2251 North School Street</u>  City <u>Honolulu</u>  State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>	<b>9. Business deals with:</b>  a. Labor Organization  <input checked="" type="checkbox"/> b. Trust  c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <u>Hawaii Masons &amp; Plasterers Annuity Trust Fun</u>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <u>2251 North School Street</u>  City <u>Honolulu</u>  State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>	<b>11.a. Nature of such dealing.</b>  Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan See Attachment 3 of 7
	<b>11.b. Approximate dollar value of such dealing.</b> \$8,574
	<b>12.a. Nature of interest held or income received.</b>          <b>12.b. Amount.</b>

Name of Person Filing Lawrence Correa

File Number U- 07074

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Masons Health &amp; Welfare Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Masons Health &amp; Welfare Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>11.a. Nature of such dealing.</p> <p>Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan See Attachment 4 of 7</p> <p>11.b. Approximate dollar value of such dealing. \$451</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
TR	January 1, 2005 through December 31 2005		<u>Meetings expenses</u>	Check
		206	Meeting expenses for attendance at quarterly trust fund meetings	Check
		70	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		6	Meeting expenses for attendance at special trustee meeting	Check
		<u>282</u>		
	January 1, 2005 through December 31 2005		<u>Seminar</u>	Check
		1,864	Airfare	
		652	Hotel	
		-	Registration	
		180	Auto	
		216	Meals	
		<u>2,912</u>		
Total		<u>3,194</u>		

Amounts paid on behalf as a trustee of Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment payment</u>
PN	January 1, 2005 through December 31, 2005	818	Meeting expenses for attendance at quarterly trust fund meetings	Check
		70	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		6	Meeting expenses for attendance at special trustee meeting	Check
		<u>894</u>		
			<u>Seminar expenses</u>	
	April 2005	7,039	Hollywood, FL (See attached page 5 of 7)	
	August 2005	6,287	Washington, DC (See attached page 6 of 7)	
		<u>13,326</u>		
Total		<u>14,220</u>		

Amounts paid on behalf as a trustee of Masons Pension Trust Fund (Trust Fund).

The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment payment</u>
AN	January 1, 2005 through December 31, 2005	304	Meeting expenses for attendance at quarterly trust fund meetings	Check
		70	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		5	Meeting expenses for attendance at special trustee meeting	Check
		<u>379</u>		
			<u>Seminars</u>	
	May 2005	8,195	Washington, DC (See attached page 7 of 7)	
	Total	<u>8,574</u>		

Amounts paid on behalf as a trustee of Masons & Plasterers Annuity Trust Fund (Trust Fund).  
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between  
the Union and signatory employers (management). It is overseen by a board of trustees comprised of  
Union and management trustees.



Lawrence Correa  
File Number - 07074  
12/31/2005

Page 4 of 7 pages

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment payment</u>
HW	January 1, 2005 through December 31, 2005	376	Meeting expenses for attendance at quarterly trust fund meetings	Check
		70	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		5	Meeting expenses for attendance at special trustee meeting	Check
		<u>451</u>		

Amounts paid on behalf as a trustee of Masons Health and Welfare Trust Fund (Trust Fund).  
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between  
the Union and signatory employers (management). It is overseen by a board of trustees comprised of  
Union and management trustees.

Lawrence Correa  
International Foundation - Investment Institute  
Legislative Update - Pension  
Hollywood, Florida

Item	No Date	4/15/05	4/16/05	4/17/05	4/18/05	4/19/05	4/20/05	4/21/05	4/22/05	4/23/05
Airfare, Train, Bus	4,236.93									
Meeting Registration	885.00									
Hotel			265.29	265.29	265.29	265.29	98.10	98.10	136.25	
Breakfast				24.14	24.14	24.14	18.36	21.36		
Lunch					27.25		3.96	10.14		
Dinner				85.28	75.41	31.95				
Porters-Bellman		5.00								
Taxis, Bus										
Maid				5.00	5.00	5.00	5.00	5.00	5.00	5.00
Snack		15.10	19.38					12.66	10.41	
Airport Parking										80.00
Other:										
Coffee										
Car Rental										
Gas										
Valet										
Private Auto - mileage										
Cart										
Parking										
Toll										
Long Distance										
Laundry										
Totals	5,121.93 7,039.20	20.10	284.67	379.69	397.09	326.38	125.42	147.26	151.66	85.00

Lawrence Correa  
International Foundation - Fraud Prevention - Pension  
Washington, D.C.

Item	No Date	8/08/05	8/09/05	8/10/05	8/11/05	8/12/05	8/13/05	8/14/05	8/15/05	8/16/05
Airfare, Train, Bus	4,417.75									
Meeting Registration	650.00									
Hotel			250.76	250.76	64.31	130.80	141.70			
Breakfast				20.05	20.05	15.58	11.81			
Lunch							8.24			
Dinner				34.83	8.07	31.23	9.11			
Porters-Bellman		5.00	5.00		5.00					
Taxis, Bus			20.00							
Maid				5.00	5.00	5.00	5.00			
Snack		20.86	6.82			1.29	1.61			
Airport Parking							60.00			
Other:										
Coffee										
Car Rental								76.74		
Gas										
Valet										
Private Auto - mileage										
Cart										
Parking										
Toll										
Long Distance										
Laundry										
Totals	5,067.75	25.86	282.58	310.64	102.43	183.90	237.47	76.74	0.00	0.00
	6,287.37									

Lawrence Correa  
International Foundation - Legislative Update - Annuity  
Washington, D.C.

Item	No Date	5/13/05	5/14/05	5/15/05	5/16/05	5/17/05	5/18/05	5/19/05	5/20/05	5/21/05
Airfare, Train, Bus	4,813.01									
Meeting Registration	1,295.00									
Hotel			301.14	301.14	301.14	301.14	163.50	163.50	136.25	
Breakfast				19.87			22.64	18.41		
Lunch							12.16			
Dinner				67.67	69.83		8.47		47.33	
Porters-Bellman		5.00								
Taxis, Bus										
Maid				5.00	5.00	5.00	5.00	5.00	5.00	5.00
Snack		9.40	5.90	3.99				13.09	10.54	
Airport Parking										80.00
Other:										
Coffee										
Car Rental										
Gas										
Valet										
Private Auto - mileage										
Cart										
Parking										
Toll										
Long Distance										
Laundry										
Totals	6,108.01	14.40	307.04	387.67	375.97	306.14	211.67	200.00	199.12	85.00
	8,195.02									

**LEMKE, CHINEN & TANAKA, C.P.A., INC.**  
CERTIFIED PUBLIC ACCOUNTANTS

FRED H. TANAKA, C.P.A.  
THOMAS M. H. PARK, C.P.A.  
PAUL H. ASANO, C.P.A.  
EDWIN K. NITTA, C.P.A.  
TERRY A. TAKAKI, C.P.A.

210 WARD AVE., SUITE 336  
HONOLULU, HAWAII 96814-4012  
TELEPHONE (808) 533-6254

MAR 8 2006  
H/2

DATE: February 25, 2006

CERTIFIED: 7004 2510 0001 2810 0034

TO: U. S. Dept. of Labor  
Employment Standards Admin. Office  
of Labor-Management Standards  
200 Constitution Ave., NW, Room N-5616  
Washington, DC 20210

<u>NAME</u>	<u>FORM</u>		<u>AMOUNT</u>	<u>CHECK</u>
Correa, Lawrence Bricklayers Union, Local No. 1	LM-30	YE 12/31/05	None	None
Correa, Lawrence O.P.C.M.I.A., Local Union 630	LM-30	YE 12/31/05	None	None

**Please Receipt and Return One Copy**

4/13/06

**LEMKE, CHINEN & TANAKA, C.P.A., INC.**  
CERTIFIED PUBLIC ACCOUNTANTS

FRED H. TANAKA, C.P.A.  
THOMAS M. H. PARK, C.P.A.  
PAUL H. ASANO, C.P.A.  
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TERRY A. TAKAKI, C.P.A.

210 WARD AVE., SUITE 336  
HONOLULU, HAWAII 96814-4012  
TELEPHONE (808) 533-6254

April 7, 2006

**Certified Mail w/Return Receipt**

7003 1010 000 2061 5697

TO: U.S. Department of Labor  
Employment of Standards Admin Office  
of Labor - Management Standards  
200 Constitution Avenue NW, Rm N-5616  
Washington, D.C. 20210

Attention: Mr. James Haskins

NAME	FORM	FILE NUMBER
Bricklayers Union, Local No. 1 Correa, Lawrence	LM-30 YE 12/31/05	U-07074
Bricklayers Union, Local No. 1 Moriwaki, Nolan	LM-30 YE 12/31/05	U-07073
O.P.C.M.I.A., Local No. 630 Saito, Anthony	LM-30 YE 12/31/05	U-07150

**Please receipt and return COPY to our office**  
using the postage paid envelope enclosed



**LEMKE, CHINEN & TANAKA, C.P.A., INC.**  
CERTIFIED PUBLIC ACCOUNTANTS

FRED H. TANAKA, C.P.A.  
THOMAS M. H. PARK, C.P.A.  
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TERRY A. TAKAKI, C.P.A.

210 WARD AVE., SUITE 336  
HONOLULU, HAWAII 96814-4012  
TELEPHONE (808) 533-6254

April 7, 2006

U.S. Department of Labor  
Employment of Standards Admin. Office  
Of Labor-Management Standards  
200 Constitution Ave., NW, Room N-5616  
Washington, D.C. 20210

Attn: Mr. James Haskins

Dear Mr. Haskins:


As discussed in our recent telephone conversation we have enclosed Form LM-30, Labor Organization Officer and Employee Report for the year ended December 31, 2005 for the following:

<u>Name</u>	<u>File number</u>	<u>Name of labor organization</u>
Lawrence Correa	U-07074	Bricklayers Union, Local No. 1
Nolan Moriwaki	U-07073	Bricklayers Union, Local No. 1
Anthony Saito	U-07150	O.P.C.M.I.A., Local Union 630

We have also enclosed a copy of the transmittal letter that was originally sent with the above-listed items.

If you need any additional information or have any questions regarding the filing of these items please contact our office. Thank you for your understanding and cooperation.

Yours truly,



Paul Asano

Encls.